

# Best Practices to Improve Research Study Design, Data Collection, Analysis, and Dissemination for and with Trans People



Updated 7/09

The goal is to improve ethical practices and increase the effectiveness of research projects to better expand understandings about and improve the well-being of trans people.

## What Does Transgender Mean?

A transgender person (or trans person) is someone whose sex, gender, and/or gender expression differs from the one assigned to them at birth. Language describing trans people and specific trans identities may vary due to influences of geographic, cultural and demographic variables (race, ethnicity, socio-economic, age, etc.), thus it is important to be flexible and inclusive since there are over 100 different trans identities. Some trans people may engage in body modification to masculinize or feminize their appearance in order to survive and thrive, though it is not specific to one type of trans identity. Every trans person's sex, gender identity and gender expression should be honored and respected regardless of one's physical body or characteristics.

## Research Goals & Collaborations

● Design research questions and research project goals that will result in the most positive and long term impact among trans communities, and not solely add to the existing research literature or to satisfy your own curiosity. Since resources are limited, use them intentionally and strategically to best improve the well-being of trans people. Ask yourself:

- 1) How are your research questions useful to trans communities? (*Would they care about the results?*)
- 2) How can your research findings directly improve the lives of trans people? (*Can they use the results?*)
- 3) Were your research questions co-developed with trans people? (*Whose questions are they?*)

● Before submitting for a research grant proposal, engage community partners and stake holders (such as community advisory board members, community agencies, community activists and leaders, potential funders, researchers with experience working with trans communities, and trans individuals of a variety of gender identities and experiences). Discuss your ideas and potential research questions and design with them. Value and respect their input in the research process. Ask what research information, programs, services, and interventions are most needed in trans communities, and work together with community partners to avoid mistakes and create the best research structure.

● Utilize local, state, and national Community Advisory Boards (CAB) that have trans members or focus on trans concerns. They can be helpful in getting feedback on preliminary research questions and design, as well as advise researchers how to best collaborate with trans communities and disseminate findings. One example is the Center of Excellence for Transgender HIV Prevention which has a California state-wide CAB that is made of researchers and health professionals, in which most members are trans. Another example is the Center for AIDS Prevention Studies (CAPS), which has a long-standing CAB that advises HIV/AIDS researchers.

● There are many different trans populations and communities under the broad category of trans or transgender. It may be helpful as you begin to discuss research ideas with community partners and stake holders that you also ask what specific population you want to focus on and what unique issues currently exist for that particular population. Not all trans people are the same and thus have very different backgrounds, histories, experiences, and needs. It

may be helpful to conduct some formative research with a theoretically-driven sample of trans people to collect preliminary data to flesh out your research questions and goals. It's also a great way to get feedback from community members and begin to establish rapport.

## **Dissemination & Ethics**

● Create a comprehensive dissemination plan as you begin to design your research plan. Knowing how, where, to whom, when, and in what formats you will disseminate the findings of your research are critical before you even begin the research or applying for research funding. Many researchers include questions in their data collection tools about how best to disseminate results back to both the study participants and their various communities. Also, budget sufficient funding for proper dissemination. Remember that it's important to have a dissemination plan in place as part of your research design, though as you conduct your research you may find even better and more appropriate ways to disseminate findings back to trans communities and participants, therefore be flexible and open to new ideas.

● There are multiple outlets for dissemination of research findings. Do not just focus on authoring a journal article or book since this may take up to a year or two to publish and may never reach your original participants or their communities. You are encouraged to first and foremost provide your research findings to the participants of your study, and to additional audiences and stake holders. Suggestions include: through the internet by creating a website or blog with periodic updates on your project, magazine articles, newsletter articles, press releases, local and national newspaper and e-news articles, reports, briefings, letters to the editor, presentations and workshops at conferences, seminars, guest speaking at local schools and organizations, community town halls, faith-based events and gatherings, handing out palm cards or dynamic brochures at trans specific community events, radio announcements and Public Service Announcements (PSAs), zines, trans list serves, a short video on YouTube, a myspace page, etc.

● Disseminate all research findings (whether positive, negative, or null), and make them available in multiple languages.

● Think about the best way to present the findings visually, using a variety of formats, and for different specific audiences (Funders, CBO, Researchers, Clients/Patients, Community Groups, Department of Public Health and Community Planning Groups, etc). For additional suggestions and information please see "Working Together: A Guide to Collaborative Research in HIV Prevention" at ([www.caps.ucsf.edu/pubs/manuals/](http://www.caps.ucsf.edu/pubs/manuals/)) and "Recommendations for Research Dissemination" at (<http://www.caps.ucsf.edu/projects/collaboration/dissemination.php>).

## **Study Design & Data Collection**

● In addition to having trans people as community partners, hire trans people as part of your research team. Do not simply include them as mechanisms for collecting data (i.e., outreach worker), but create an interactive team in which trans people are co-creators and integral collaborators in the research design, implementation, data analysis, and dissemination of findings. You are encouraged to mentor trans staff members, especially trans youth and young adults, and help them to enhance their research skills, including creating data collection tools, presenting at conferences, and co-authoring journal articles.

● There are over 100 different trans identities that have been documented, therefore reducing all trans identities in binary terms such as MTF (male-to-female) and FTM (female-to-male) is problematic since it will conflate the data and bias your research findings. In addition, many trans people today find it offensive to identify with a sex that

was assigned to them at birth and continually state it (such as female-to-male), versus simply stating their current or present sex/gender (such as male, man, or transman). An analogy would be to force gay people to identify as “heterosexual-to-gay” since this is what was assigned to them at birth or was most likely expected of them. As you can see it is ridiculous, thus we simply acknowledge and honor a person’s present identity and say they are gay.

● Be gender inclusive with all interview guide questions and surveys, and avoid having only 2 categories: “male” and female,” or 4 categories: “male,” “female,” MTF” and “FTM.” To effectively collect demographic information and acknowledge the diversity of sex and gender identities, using two separate questions is recommended (see example below). Many trans people may not currently identify as “transgender” for a variety of reasons. Some may believe it is part of their past and not a present identification, others may not identify with that word.

**Our research project includes many diverse people who have a variety of different sex and gender identities. Your specific identification and the language you use to describe yourself are important to us. Please ask us if you have any questions or need clarification.**

1) What is your sex/gender? (Please select **ALL** that apply)

- Female
- Male
- Transgender Female/Transwoman
- Transgender Male/Transman
- Genderqueer
- Additional Category: Please specify: \_\_\_\_\_
- Decline to State

2) What sex were you assigned at birth? (Please select **one**)

- Female
- Male
- Decline to State

*Rationale and points to highlight for two-question recommendation above:*

Asking people to check all in the first question allows people to check off more than one category if they view their sex or gender in a multifaceted way. For example, a person may identify as a “female” and also a “transgender female.” This may be similar to race or ethnicity in which a person can be more than one race or ethnicity.

The first question requests a person’s current sex/gender. Both terms “sex/gender” are asked since there are a variety of definitions today of what is “sex” and what is “gender.” In many cases people will mix up or conflate these terms and regardless of one personal definition, for data collection purposes including both versus just one is beneficial for accurate data collection.

With regards to the definition of these terms some believe that “sex” is only “male” or “female” and is strictly biological and can never be changed. Some believe one’s sex can be changed but only through hormone therapy and genital surgeries. Yet, others believe that the definition of sex goes beyond narrow medical definitions of genitalia, chromosomes, hormone levels, and reproductive abilities, which often disregards the vast natural differences of biological characteristics that exist among people. They believe

the term sex today encompasses also legal, policy, cultural and social issues and a person should not have to undergo surgeries to reassign the sex they were given at birth. This has major implications for document changes (such as birth certificates, passports, driver's licenses, etc.) and U.S. state and national laws (for example, the United Kingdom (2004), Spain (2006), and the state of Iowa (2006) allows trans people to change their legal sex on their birth certificate without undergoing any surgeries). (For further discussion about sex please see Devor, 2002; Sausa, 2006; Vade, 2005).

The definition of the term "gender" or "gender identity" often referring to "man" or "woman" also varies. Some believe that sex is one's biology and gender is socially and culturally constructed (thus you can change your gender but not your sex). This definition has led to an offensive and crude saying: "Gender is between your ears and sex is between your legs." Others recognize that one's gender identity includes one's social status, self-identification, legal status, and biology, noting that it is more complex than originally assumed and that new gender theories have moved us beyond an antiquated dichotomous explanation of gender identity to include multi-dimensional and multi-layered concepts. (For further discussion about gender please see Devor, 2002; Sausa, 2006; Vade, 2005).

Providing a space for people to state their specific trans identity or identities and adding the "additional category" helps to clarify which of the 100 or so trans identities they may be. There are many more trans identities than MTF or FTM, and some believe that only having the categories male, female, MTF, and FTM is reductionary and simply recreates a narrow binary thinking about sex and gender. For example today "transgender men" may identify as: transguys, trannyfags, studs, men, males, genderqueers, gender outlaws, gender fluid, bois, FTMs, two-spirit, transsexual men, MSM, TMSM, gay men, etc. Depending on the needs of your data collection, it may be helpful to find out what current terminology is being used by these men to provide more effective health interventions, outreach, counseling and testing, creating educational materials and media campaigns, etc.

The second question requests a person's sex assigned at birth. Though many people are born with an intersex condition currently only "male" or "female" is assigned to each new born and only one of those two categories are placed on a birth certificate in the U.S.

It is important to note that some people born with an intersex condition may also identify as transgender, though most do not. It is important to not conflate the issues of trans people and people with an intersex condition by placing them both within the transgender umbrella. In addition, the inclusion of "Intersex" as a gender or sex category is not recommended for a variety of reasons including the fact that most people with an intersex condition identify as male or female, as highlighted by Emi Koyama from the Intersex Initiative Portland [for further information about this please see Emi Koyama's article at [www.ipdx.org/articles/letter-outsidein.html](http://www.ipdx.org/articles/letter-outsidein.html)]. The health care needs of people with an intersex condition should be a priority for all health professionals [for further information and education please contact The Intersex Society of North America at [www.isna.org](http://www.isna.org)].

- Do not include trans people under the broad category of MSM (men who have sex with men), unless you are collecting information about trans people who actually identify as men and have sex with men (i.e., transmen, trannyfags, or transMSM).
- Not every trans person, regardless of their identity, decides to take hormone therapy or undergo surgeries to modify their bodies. Thus, avoid categories such as "pre-op," "non-op," and "post-op" since they assume surgery is conflated with someone's identity. Also, if you want to know if someone has engaged in hormone therapy, silicone injections, surgeries, or other things to modify their body create specific questions to ask for this information.
- Do not assume that only transsexuals may engage in hormone therapy and/or surgeries to modify their bodies. Today, many transsexuals decide for different reasons, such as access to care, lack of health care insurance, cost,

religion, cultural beliefs, or that they enjoy their bodies as is, not to modify their bodies. In addition, other trans identities, such as crossdressers, drag artists, genderqueers, two-spirited, and femme queens among others, have decided that modifying their bodies through hormone therapy and/or surgery was necessary for their mental health and well-being. Thus, avoid categorizing only people who desire or engage in hormone therapy or gender conforming surgeries as transsexuals. Doing so perpetuates a myth and creates barriers to health care and medical services for many other trans people who may have received or need access to this care.

## **Data Analysis**

● If you designed a study in which trans people participated, you are encouraged to conduct an additional data analysis and report on any differences (if any) among the trans subset. This is especially critical for lesbian, gay, bisexual, transgender (LGBT) research studies that group many populations together. Since there is a lack of information about trans communities, this could serve as excellent pilot data for further research. If you lack the time or expertise, please notify other researchers or graduate students who may be interested in using your data set.

### References:

Devor, H. (2002). Who are “we”? Where sexual orientation meets gender identity. *Journal of Gay and Lesbian Psychotherapy*, 6(2), 5-21.

Sausa, L. A. (2006). Translating research into practice: Trans youth recommendations for improving school systems. *Journal of Gay and Lesbian Issues in Education*, 3(1), 15-28.

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